## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 12 1997 8:00am

Secretary of State

A BANKATA BANK TIKAN TIKAN KITA KANCARAN BANKATAN BINKA AKUPA BANKA BISAN BINKA BANKA BANKA

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K33208

(5)

LABOR FOR HIRE, INC.

appears in Block 12 or Block

SIGNATURE:

					1				
Principal Place	of Husiness	Mailing Address				U SOUTHBARK WOOD TOLKON LILLON DERDER WARDE HARFE L		ifilit filikil bibil	
881 N.E. 44TH	L BOCA DRIVE	861 N.E. 44TH STREET 8638 VISTA DEL BOCA DRIVE POMPANO BEACH FL 33084-4710							
POMPANO BEA US	OH PL 33004	US	U04-471U			3. Date Incorporated or Qualified	Sa. Da	ate of Last R	eport
						09/09/1988		20/1996	
	ace of Business	2a. Mailing Address				4. FEI Number			oplied For
21 861 N	E 44TH STREET	26 P.O. BOX 50	462			65-0075897		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	(X)	•	Additional equired
City & State		City & State				6. Election Campaign Financing	_	\$5.00	May Be
	NO BEACH, FLORIDA	28 LIGHTHOUSE			LDA	Trust Fund Contribution			to Fees
Zip 33064	Country 25 USA	Zip		intry		8. This corporation has liability for in			. 199.032,
24 33004		29 33074-0462	30	USA		Florida Statutes  10. Name and Address of New Reg		No	<del> </del>
Bro	9, Name and Address of Curre	iit nagisterea wgent		81 Name		10. Name and Address of New Net	haraian	Agent	
	STEIN, DAYTON 'C Graycliff Drive				D	AYTON BERNSTEIN			
i		82 Street Addre			ss (P.O. Box Number is Not Acceptab	e)			
<b>500</b>	A RATON FL 33496	•		B3		NE 44TH STREET	······································		
					POM	PANO BLACH, FLORIDA			
				<b>B4</b> City			FL	85 Zip	Code )64
11. Pursuant I	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	ites, the a	l I bove-named	corpo	ration submits this statement for the p			
office or re	egistered agent, or hoth, in the State	of Florida, Such change was	authorize	d by the cor, tutes	poratio	ration submits this statement for the p n's board of directors. I hereby accep	t the app	ointment as	registered
	I auti			-	37.1	WHAT MANY	CD	_ 1 10	107
SIGNATURE	Signature, typed or pilmed value of registered as	yent and trie if applicable (NC	TE. Registere	d Agent signature	e required	when reinstating)		<del>-0 K</del>	13 (
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	VD	☐ DELETE	1.1 1	TLE				Change	Addition
NAME	KITE, EDITH		1.2 N	AME					
STREET ADORESS	861 NE 44TH ST.		1.3 S	TREET ADDRESS					
CITY-ST-ZIP	POMPANO BCH. FL	dwe NC FT		TY-ST-ZIP	<u></u>			-151 0	1.0400
TITLE	PD DAVION	XX DELETE	2.1 TI	•	P		2	(K) Change	Addition
NAME	BERNSTEIN, DAYTON		2.2 N			NSTEIN, DAYTON	•		
STREET ADORESS	6317C GRAYCLIFF DRIVE BOCA RATON FL					NE 44TH STREET			
CITY-ST-ZIP	BOOK RATON FL	DELETE		ITY - ST - ZIP	FOW	PANO BEACH, FL 33064		Change	1717 Addition
TOLE		ר"ו מנרקונ	3.1 T 3.2 N		P	raali wartii		LT ORNAR	XXXXAddition
NAME STREET ADDRESS						LSON, HOLLY			
						NE 44TH STREET	,		
CITY-ST-ZIP TITLE		DELETE	3.4. U	ITY - ST - ZIP TLE	H-M	PANO BEACH, FL. 3306	<b>+</b>	Change	☐ Addition
NAME			4.21						
STREET ADORESS				Treet address					
CITY-ST-7/P				ITY-ST-ZIP					
TITLE		☐ DELETE	5.1 T		<b>†</b>	······································		Change	☐ Addition
NAME			52 N					-	
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZP				ITY-ST-ZIP					
THLE	Tale No. 1 to the Second Control of the Control of the Second State of Second S	☐ DELETE	61 T		<b>†</b>	······································	,	Change	Addition .
NAME			62 N	AME					
STREET ADDRESS			635	TREET ADDRESS					
CITY+ST+ZIP				ITY-ST-ZiP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name